

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6	✓					
7		✓				
8	✓					
9		✓				
10		✓				
11		✓				
12		✓				
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40		✓				
41	✓					
42		✓				
43		✓				
44	✓					
45		✓				
46		✓				
47		✓				
48	✓					
49	✓					
50						
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	49					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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54						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS